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# EXECUTIVE SUMMARY

## Indiana Domestic Violence State Plan Report on the Status of Domestic Violence in Indiana

2002-2007



*Prepared by:*

*Indiana Family and Social Services Administration  
Division of Family and Children*

*and*

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## Overview

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Domestic violence has traditionally been defined as violence in the home, or between family members. As society's definition of family has changed, so has the law's definition of family violence.

Domestic violence is an issue of power and control. It is no longer a matter that is contained behind closed doors. Society must accept ownership of the problem and implement measures to affect change.

*Children are present in 41-55% of homes where police intervene in domestic violence calls.*

Indiana has an advantage over many other states when addressing domestic violence issues. The established relationship between funder (FSSA) and network (ICADV) enables the movement to identify critical issues, barriers, and underserved areas and work toward allocating resources in those directions. This relationship increases innovative thinking and opens the pathway of reaching more individuals and families through non-traditional venues. The pilot program between the domestic violence shelters and Office of Family and Children at the county level is an excellent example of the creative outreach being employed to increase training and reach more families living with the threat of violence.

As the process of the state plan developed it became clear that the discussions were revolving around common themes. The network of residential and non-residential programs is reaching out to serve more victims and support systems than ever before in Indiana. The funding for domestic violence, though inadequate to serve the need, is adapting and stretching to serve as many victims as possible. Over time and without nurturing these systems will inherently fail. Because of this realization the movement has identified three focus areas to address for the next five years:

- Stabilize the residential and non-residential services network.
- Expand domestic violence services to under and unserved areas.
- Develop a more comprehensive statewide service delivery system.

This strategy will ensure longevity of quality programs and services at the local level for victims and their support systems. It will also strengthen the relationship between FSSA and ICADV so that innovative strategies may continue to be explored and implemented in order to reach more victims and ultimately break the cycle of domestic violence.

*According to the American Medical Association, the U.S. home is "more dangerous to women than city streets"  
(American Medical Association, 1991, p. 5]*



## ***Findings***

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### ***Residential programming need***

Residential programming has leveled out to some degree in Indiana. FSSA has identified through current statistics and current geographic information that residential programming needs developed in regions II, III, and IV. Three shelter-based programs are already in process in regions III and IV. Development is needed to address the need in Region II.

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### ***Non-residential programming need***

Non-residential programs have been identified as a beneficial source of outreach and support for victims of domestic violence. Through the gathering of statistical data and current demographic and geographic information a need has been determined for expansion of programming in Benton, Clinton, Henry, Starke, and Steuben counties.



**Silent witness exhibit**

### ***Transitional living programming need***

Transitional living programs are relatively underutilized in Indiana. It is a promising practice and is recognized as a beneficial program for victims of domestic violence in the effort to break the cycle of violence. While it seems clear that transitional living should be promoted and developed throughout the state the recommendation for present need is to research and document current inventory of transitional living programs in the state and follow-up with a recommended plan of action for expansion into other areas over the next five years.

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### ***Coordination of service delivery***

Per the Continuum of Care Model defined in this plan local residential and non-residential programs need awareness on the education and technical assistance opportunities available for the development and implementation of a wrap-around service delivery system for victims of domestic violence and their dependent children. The County Plans developed by each Office of Family and Children need to be reviewed and incorporated into the outreach and programming plans for each domestic violence service provider.

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### ***Research and evaluation need***

Indiana is in need of a well-developed method of measuring and evaluating domestic violence programs. With several providers of residential and non-residential programming the actual number of adult victims and child victims of domestic violence are unknown. Accurate and reflective data of the status of residential programs bed usage and capacity need to be collected and maintained on an ongoing basis to maintain the strategic process of recommending future expansion of programming in Indiana.



## ***Challenges***

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### ***Education and training need***

The education of victims and the professionals who serve them should continue to be a high priority. Continuing education for staff and volunteers will assist in assuring the maintenance of quality programming and will decrease staff burnout in this highly stressful field. As the issues surrounding domestic violence are receiving much attention on both the state and national levels the education and training of staff is essential to maintain knowledge on current trends, model programs, and promising practices. Indiana has ranked domestic violence as a high priority issue; educating professionals to effectively serve victims will keep this focus. The education of victims and the general public on the prevention of and intervention in domestic violence should also be considered an area of need. Continual education on the issues will raise the bar of social consciousness and will increase public awareness.

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### ***Standards revision need***

The Peer Review Standards process needs updated and modified to maintain consistency with the County Plans that have been implemented by each Office of Family and Children. Standards need to be modified in compliance with the model program tool of the Continuum of Care Wheel developed during the State Plan process.

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### ***Underserved population priority***

In all areas of need that have been listed special attention must be given to the at-risk and underserved populations in Indiana. Historically domestic violence residential and non-residential service providers have maintained an open door policy and do not discriminate in the provision of services. This however is not enough; focus needs to be given to largely underserved groups. Target populations include:

- African American
- Hispanic
- Native American
- Islamic
- Migrant Family

*Approximately 17% of the 1.4 million people treated in hospital emergency rooms for violence-related injuries were injured by intimates (Rand, 1997).*



## Goals/Recommendations

- The first goal is to stabilize the residential and non-residential services statewide network in terms of funding, staffing, and quality and level of service by:

*Domestic violence spans all racial, socio-economic, and demographic boundaries. Domestic violence takes many forms, ranging from battering, rape and homicide to threats of violence, verbal assaults and other forms of intimidation.*

- 1) funding residential services according to a formula that incorporates size and capacity, number of counties served, community need (population and geographic demographics), score on peer review, ancillary services, unit cost, average occupancy rate and cost of living;
- 2) funding non-residential services according to a formula that incorporates size, number of counties served, community need (population and geographic demographics), ancillary services, unit cost and cost of living;
- 3) developing recommended staffing levels and salary scales and encouraging boards and directors to consider such levels in their planning process (see appendix for model budgets; and
- 4) providing technical assistance in development.

- The second goal is to expand basic domestic violence services throughout the state to under and unserved areas. Basic services are defined as 1) ready access to residential services. Every county must have residential services located either within the county or in a contiguous county; and 2) non-residential services within each county, defined as 24 hour crisis intervention; information and referral; support and advocacy; face to face services a minimum of forty hours per week; and transportation. Basic services will be expanded by:

- 1) conducting research to identify the specific areas of need within the state;
- 2) establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc. to build support for and facilitate the development of services;
- 3) providing technical assistance; and
- 4) facilitating the development of residential services in Regions II, III and IV.



## ***Goals/Recommendations***

- The third goal is to develop a more comprehensive statewide service delivery system characterized by a continuum of services in each county. The continuum would include services for victims, batterers, children/family members, and the community at large such as batterers' intervention groups, victims' assistance/non-residential services for victims, children's services, transitional housing, support and counseling services for intact families, prevention programs, etc. The continuum would also include the active involvement in identification and intervention of families affected by domestic violence by faith based, law enforcement, schools, offices of the Division of Family and Children, health departments, attorneys, and other points of contact with families. Services will be facilitated by:

- 1) conducting research to identify the services needed throughout the state, with particular attention to services for:
  - a) children
  - b) batterers
  - c) victims requiring services other than residential
  - d) families choosing to remain unified or reunifying
- 2) coordinating necessary services for and interaction with those affected by domestic violence with other existing state and voluntary programs;
- 3) establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc. to build support for and facilitate the development of services and a multi-disciplinary approach;
- 4) providing technical assistance in the development of services, funding, and standards;
- 5) promoting programs/services which empower adults and children; and
- 6) supporting the continuing education of professionals from multiple disciplines regarding domestic violence.



## ***Strategy***

It will take the combined forces of society to truly make a positive impact on the incidence of domestic violence in Indiana. And while prevention is the ultimate goal, the ability to reach the next generation of potential victims and abusers through education and supportive services cannot be understated. Support for existing programs must be continued as well as pursuing funding and partnerships for new and innovative strategies that will reach the underserved and marginalized populations.

It is our vision for the future that this plan will have the power to make a difference. For the thousands of families out there each year who suffer under the threat of violence in the home let this plan be put to good use. For the child who will bear witness to the violence let this plan serve as the catalyst for change so that he or she may have the power and knowledge to break the cycle.

*Respectfully,*

*Indiana Family and Social Services Administration  
Division of Family and Children  
and*

*Indiana Coalition Against Domestic Violence*

*Working together to end domestic violence in Indiana*